U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 035:-050	2. Fiscal Year Covered From:
10638	// / 05 Through: 12/3//05
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name MICHAEL P WELSH	Name GREATER PA REGIONAL COUNCIL OF CARPENTERS
	Labor Organization File Number 035-030
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 495 MANSFIELD AVENUE	Street 495 MANSFIELD AVENUE
City PITTSBURGH	City PITTSBURGH
State ZIP Code + 4 15205	State ZIP Code + 4 15205
5. Position in labor organization. BUSINESS AGENT AND TRUSTEE ON PENSI	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	7.0. Amount
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Mirhael P. Welch	On 12/22/2005 412-922-6210
	Date Telephone Number

Name of Person Filing MICHAEL WELSH	File Number U- 035-030	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).  Name YANNI PARTNERS  Trade Name, if any:  P.O. Box, Bldg., Room No., if any SUITE 300  Street 310 GRANT STREET  City PITTTSBURGH  State 24P Code + 4 15219	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name GREATER PA CARPENTERS PENSION FUND  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  INTERNATIONAL FOUNDATION EDUCATION SEMINAR - PENSION CLASSES	
City  State  ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$2,300  12.a. Nature of interest held or income received.  SPORTING EVENT OCTOBER 31, 2005	
	12.b. Amount. 3 \$473.43	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  21P Code + 4	er parts A and B above) or other thing of value.  14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	